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## **Development of a self-management psychosocial intervention for men with prostate cancer and their partners: lessons learnt from the 'real world'.**

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## **Development of a self-management psychosocial intervention for men with prostate cancer and their partners: lessons learnt from the ‘real world’**

The purpose of this feasibility study was to investigate the acceptability of a psychosocial intervention to men with prostate cancer and their partners, and to gain feedback from the facilitators, participants and non-participants to make changes to and enhance the intervention. The intervention was assessed in terms of structure, process and outcome. Recruitment strategies, randomisation procedures and acceptability of questionnaires were also tested. The nine week group and telephone intervention commenced following treatment. The intervention focused on symptoms, sexual dysfunction, uncertainty, positive thinking and couple communication. Couples were assigned to the intervention or control group using a randomised block design. Participants were assessed at baseline, immediately post-intervention and at one and six months post-intervention. Outcome measures included self-efficacy, quality of life, symptom distress, uncertainty, benefits of illness, health behaviour and measures of couple communication and support. Process evaluation was conducted through a feedback questionnaire and qualitative interviews. Over the course of 12 months, 18 couples agreed to participate. There was no significant difference between the age of intervention group (Mean = 64.2, SD 7.6) and the control group (Mean = 62.3, SD = 5.9;  $t = 0.585$ ,  $p = 0.564$ ). One of the main reasons for declining participation was the group format. Participants were satisfied with the information provided, the structure of the programme and the level of support received. They stated it provided a focus and time for reflection, helped them prioritise issues as couples and made them more aware of their behaviour, needs and wants within their relationship. They valued the group format and peer encouragement attained through this. The partners appeared to have particularly gained from the intervention. The small numbers prevented the determination of the effect of the programme on patient reported outcomes. Further research is needed to enhance recruitment and target ‘hard to reach’ men.